## **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. **(**) TOTAL TOTAL IND. **—**1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOYAL \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS Barbara Campbell

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FILING DATE